

and to become more familiar with problems associated with vision impairment. Patients express visual impairment in terms of functional implications. Visual deficits can be classified into those that affect acuity and those that affect visual fields.

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CO46-003-EN

Screening of the sleep respiratory disorders after stroke in a rehabilitation unit

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Keywords: Stroke; Sleep disorders

Introduction. Sleep respiratory disorders SRD (central apnea syndrome or Cheynes-Stokes dyspnea) are frequent after stroke (40–70%). The influence of the SRD on the functional prognosis is debated.

Objective. To find out the feasibility of the screening and the frequency of the SRD after stroke in a PRM department and to study their possible relationship with attentional disorders and functional and neurological recovery.

Patients and methods. This prospective monocentric study had to include 45 patients within 6 months after a stroke. The detection of the SRD was made using a nocturnal oxymetry device and measuring the inspiratory flow (Apnéalink[®] system), gathering the apnea-hypopnea index (AHI). An AHI > 10 was suggestive of the presence of SRD, which has to be confirmed by a polysomnographic recording. Assessment included the NIH, the Fugl-Meyer (FM) and the FIM scales at the moment of inclusion and two months later, in order to evaluate the neurological and functional recovery. The BAWL test (William Lennox Attention Battery) was performed immediately after admission to PRM unit to quantify attention disorders.

Results. The 45 expected patients have been included, 4 weeks after stroke, 31 male, 14 female; 10 haemorrhagic and 35 ischemic stroke, 15 right, 28 left, 2 bilateral stroke. Among them 23 had an AHI > 10, seven could benefit from a polysomnography, six had a confirmed SRD. The tolerance of the system by the patients was good but the recording had often to be repeated because of a time of recording sometimes insufficient or difficulties of the nurses to use the device. Up to date 41 completed the study, analyses are in progress.

Discussion and conclusion. Systematic screening for SRD in a PRM unit shows a high frequency of apnea or hypopnea among patients after recent stroke. In spite of some technical difficulties, such a screening remains easy of use, but there are high difficulties to have access to sleep laboratories for confirmation of the diagnostic. The complete analysis with the study of the possible links between attentional, disorders functional prognosis and SRD will be presented in the conference.

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Functional outcome after aneurysmal subarachnoid hemorrhage after rupture of the anterior communicating artery

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Impairment and quality of life four years after a severe traumatic brain injury

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Objectives. To study care pathways and patient outcomes four to five years after a severe Traumatic Brain Injury (TBI) in the Parisian area (PariS-TBI inception cohort).

Methods. All adult patients with severe TBI (initial Glasgow Coma Scale score of 8 or less) in the Parisian area were recruited prospectively by mobile emergency services. Patients who survived after acute care were included and were contacted along with their family one and four years after the injury. Four-years assessment entailed patients' neurological deficiencies, impairments, activity limitations, participation restrictions, quality of life and charge of care for their relatives.

Results. Among the 518 patients recruited between July 2005 and April 2007 (22 month period), 266 (51%) died. Four to five years after the injury, 133 patients were contacted and an appointment was settled with a neuropsychologist. Glasgow Outcome Scale results showed 30% of good recovery, 30% of moderate disability and 31% of severe disability. Among them, 88% had been referred to a neuro-rehabilitation facility. About 35% of patients had started a professional activity again. Major cognitive and behavioural difficulties as assessed by the Dysexecutive Questionnaire concerned inhibition and intentionality disorders. Anxiety-depression mean score amounted to 12 (Hamilton Anxiety Depression score pathologic when over 10). Burden of care (Zarit Burden Inventory) ranged from 0 to 75 with mean score of 19.5.

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